

MINNESOTA POLLUTION CONTROL AGENCY  
Hazardous Waste Disclosure Unit  
IRATHANE SYSTEMS, INC. (13TH AVE.)  
HIBBING  
MND022818306

MN

US EPA RECORDS CENTER REGION 5



466152

Annual Report Form for Generation of Hazardous Waste  
Calendar Year 1984

Annual Report  
Due March 1, 1985

*copy date 5/12/85  
copy from original 5/12/85*

*2000 MND 1000*

- Explanatory Notes:
1. Review information supplied.
  2. Cross out incorrect/outdated information.
  3. Print new/missing information on blanks provided in dark or colored ink.
  4. Add new waste streams on green forms (form number 2).
  5. Date and sign the Annual Report in the space provided below.
  6. Return to MPCA at:

Minnesota Pollution Control Agency  
Solid and Hazardous Waste Division  
1935 West County Road B2  
Roseville, Minnesota 55113-2786

This space is provided for  
explanations, corrections, and  
additions, if necessary..

\*\*\*\*\*

Waste Generation Site

MND022818306  
IRATHANE SYSTEMS, INC. (13TH AVE.)

3516 13TH AVENUE E.  
HIBBING 55746

\*\*\*\*\*  
Mailing Address

IRATHANE SYSTEMS, INC. (13TH AVE.)

P.O. BOX 276  
HIBBING MN 55746

\*\*\*\*\*  
Responsible Persons

WILLIAM VALERI PRESIDENT  
(218) 262-5211  
LAURIE POTTER CONSULTANT  
(218) 666-5437

Principal Products or Service Provided

Fill In: PLASTIC WARE  
CONTAINERS, LIDS, ETC.

This is the location of the site at which the  
waste is generated. If yours is a multi-site  
company, a unique Division name should also be  
included to differentiate your site from every  
other division site

This is the mailing address - change if need be.

These are the people responsible for managing the  
hazardous waste and who have the most knowledge  
about the processes producing wastes and waste  
identification, transport, and management.

What is done or made by your company

CERTIFICATION

I certify under penalty of law that I have personally examined and am  
familiar with the information submitted in this and all attached  
documents, and that based on my inquiry of those individuals immediately  
responsible for obtaining the information, I believe that the submitted  
information is true, accurate, and complete. I am aware that there are  
significant penalties for submitting false information, including the  
possibility of fine and imprisonment.

Please sign, date, and return to the MPCA by  
March 1, 1985.

Name (please print) LAURIE R POTTER

Signature *Laurie Potter*

Date 5-10-85

*no fees  
mail sent*

Waste Management IRATHANE SYSTEMS, INC. (13TH AVE.)  
(Details on each individual waste)

MND022818306

If you have any questions, call  
Laurie Jacobson at (612) 296-7736

If information in this column is correct, leave it as is. If it is incorrect, cross it out and supply the correct information in the next column.

This space provided for explanations, corrections, and additions, if necessary.

If you no longer produce this waste enter "No longer produced as of (date)." Review the rest of the sheet and fill in the information requested.

ENTERED MAY 17 1985 jmt

Date waste generation discontinued: 7/3/84

Inventory Number: H2 Waste Number: MN01

Waste Name

PREPOLYMER WASTE (N. Fee)

Waste number is the hazardous waste number which the rules apply to this type of waste. For example, D001 means ignitable, MN03 means PCB's, etc. Call the MPCA Staff person listed on the top of this sheet if you need help.

Type sludge mixed

Disclosure indicates mixed to produce waste (Inventory # N5)

If you mix this waste with other waste(s) please indicate the inventory number of the other waste stream(s).

Annual amount you provided on your disclosure: 55.00 GA

Amount Produced in 1984

Fill In: NONE

All generators please fill in.  
Explain any great discrepancies between the amounts produced in these years and the disclosed amount.

Amount you anticipate generating in 1985

Fill In: NONE

All generators please fill in.

Date First Produced

- ☐ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ After 2/5/84

Check One Please.

Disclosure indicates unpredictable shipment schedule

Did you ship this waste in 1984  
☐ Yes ☒ No

Review and explain change if need be.

Check One Please.

Do you plan to ship this waste in 1985

☐ Yes ☒ No ☐ Unknown

Check One Please.

Transporter: \_\_\_\_\_

If new or alternate transporters, show changes and additions in space provided.

EPA ID: \_\_\_\_\_

Facility: \_\_\_\_\_

If new or alternate facilities, show changes and additions in space provided.

EPA ID: \_\_\_\_\_

On-Site Management Method  
Treatment Prior to Land Disposal

Management method - the treatment or disposal method used by you or the facility for this waste.

Any changes from on-site to off-site or vice versa, or changes in management method should be noted. Please provide all information to make your file complete.

Waste Management IRATHANE SYSTEMS, INC. (13TH AVE.)  
(Details on each individual waste)

MND022818306

If information in this column is correct, leave it as is. If it is incorrect, cross it out and supply the correct information in the next column.

This space provided for explanations, corrections, and additions, if necessary.

If you have any questions, call  
Laurie Jacobson at (612) 296-7738

If you no longer produce this waste enter "No longer produced as of (date)." Review the rest of the sheet and fill in the information requested.

Date waste generation discontinued: 7/2/84

ENTERED MAY 17 1985 JMA

Inventory Number: H3 Waste Number: F002

Waste Name

SOLV HAL ~~METHYLENE CHLORIDE~~ POLYURETHANE

Type Liquid ~~not mixed~~

Annual amount you provided on your disclosure: 110.00 GA

Amount Produced in 1984

Fill In: 110.00

Amount you anticipate generating in 1985

Fill In: 110.00

Date First Produced

- ☐ Before 7/1/83  
☐ Between 7/1/83 and 2/5/84  
☐ After 2/5/84

Check One Please.

Disclosure indicates unpredictable shipment schedule

Did you ship this waste in 1984  
☐ Yes ☒ No

Check One Please.

Do you plan to ship this waste in 1985

☐ Yes ☒ No ☐ Unknown

Check One Please.

Off-Site Transporter Name

WORUM CHEMICAL CO.

EPA ID# MND006213664

Transporter: \_\_\_\_\_

EPA ID: \_\_\_\_\_

Facility Name

WASTE RESEARCH & RECLAMATION CO.

EPA ID# WID990829475

Facility: \_\_\_\_\_

EPA ID: \_\_\_\_\_

Management Method

Incineration/Thermal Treatment

Waste number is the hazardous waste number which the rules apply to this type of waste. For example, D001 means ignitable, MN03 means PCB's, etc. Call the MPCA Staff person listed on the top of this sheet if you need help.

If you mix this waste with other waste(s) please indicate the inventory number of the other waste stream(s).

All generators please fill in.  
Explain any great discrepancies between the amounts produced in these years and the disclosed amount.

All generators please fill in.

Review and explain change if need be.

If new or alternate transporters, show changes and additions in space provided.

If new or alternate facilities, show changes and additions in space provided.

Management method - the treatment or disposal method used by you or the facility for this waste.

Any changes from on-site to off-site or vice versa, or changes in management method should be noted. Please provide all information to make your file complete.

Waste Management IRATHANE SYSTEMS, INC. (13TH AVE.)  
(Details on each individual waste)

MND022818306

If you have any questions, call

Laurie Jacobson

at (612) 296-7738

If information in this column is correct, leave it as is. If it is incorrect, cross it out and supply the correct information in the next column.

This space provided for explanations, corrections, and additions, if necessary.

If you no longer produce this waste enter "No longer produced as of (date)." Review the rest of the sheet and fill in the information requested.

ENTERED MAY 17 1985

Inventory Number: N1 Waste Number:

Waste Name

RESIN WASTES

Type solid mixed

Disclosure indicates mixed to produce waste (Inventory # N5)

Annual amount you provided on your disclosure: 55.00 GA

Amount Produced in 1984

Fill In:

Amount you anticipate generating in 1985

Fill In:

Date First Produced

☐ Before 7/1/83

☐ Between 7/1/83 and 2/5/84

☐ After 2/5/84

Check One Please.

Disclosure indicates unpredictable shipment schedule

Did you ship this waste in 1984

☐ Yes ☒ No

Check One Please.

Do you plan to ship this waste in 1985

☐ Yes ☒ No ☐ Unknown

Check One Please.

Transporter:

EPA ID:

Facility:

EPA ID:

On-Site Management Method

Treatment Prior to Land Disposal

Waste number is the hazardous waste number which the rules apply to this type of waste. For example, D001 means ignitable, MN03 means PCB's, etc. Call the MPCA Staff person listed on the top of this sheet if you need help.

If you mix this waste with other waste(s) please indicate the inventory number of the other waste stream(s).

All generators please fill in.

Explain any great discrepancies between the amounts produced in these years and the disclosed amount.

All generators please fill in.

Review and explain change if need be.

If new or alternate transporters, show changes and additions in space provided.

If new or alternate facilities, show changes and additions in space provided.

Management method - the treatment or disposal method used by you or the facility for this waste.

Any changes from on-site to off-site or vice versa, or changes in management method should be noted. Please provide all information to make your file complete.

11-5-84

WASTE WAS ALREADY COMING TO  
WITH STREAMS H-2, H-3 AND H-4  
LEAVING THE MACHINE. THIS, NO  
VALUES WERE REPORTED FOR ANY  
OF STREAMS H-2, H-3 OR H-4

have any questions, call  
Jacobson at (612) 296-7738

no longer produce this waste enter  
nger produced as of (date)." Review the  
f the sheet and fill in the information  
ted.

aste generation discontinued: \_\_\_\_\_

number is the hazardous waste number which  
les apply to this type of waste. For  
e, D001 means ignitable, MN03 means PCB's,  
all the MPCA Staff person listed on the top  
of this sheet if you need help.

Type solid, ~~not~~ mixed

If you mix this waste with other waste(s) please  
indicate the inventory number of the other waste  
stream(s).

Annual amount you provided on your  
disclosure: 110.00 GA

Amount Produced in 1984

Fill In: 2500 GALS  
HIGHER PRODUCTION  
LEVEL THAN  
ANTICIPATED

All generators please fill in.  
Explain any great discrepancies between the  
amounts produced in these years and the  
disclosed amount.

Amount you anticipate generating in 1985

Fill In: 1072 GALS

All generators please fill in.

Date First Produced

- ☐ Before 7/1/83  
☐ Between 7/1/83 and 2/5/84  
☒ After 2/5/84

Check One Please.

Disclosure indicates unpredictable  
shipment schedule

Did you ship this waste in 1984  
☒ Yes ☐ No

Review and explain change if need be.

Check One Please.

Do you plan to ship this waste in 1985

☒ Yes ☐ No ☐ Unknown

Check One Please.

Transporter: 1. KOSMOS  
2. S. J. T. S.  
EPA ID: \_\_\_\_\_

If new or alternate transporters, show changes  
and additions in space provided.

Facility: \_\_\_\_\_  
EPA ID: \_\_\_\_\_

If new or alternate facilities, show changes and  
additions in space provided.

On-Site Management Method  
Treatment Prior to Land Disposal

Management method - the treatment or disposal  
method used by you or the facility for this  
waste.

Any changes from on-site to off-site or vice  
versa, or changes in management method should be  
noted. Please provide all information to make  
your file complete.

Waste Management IRATHANE SYSTEMS, INC. (13TH AVE.) MND022818306  
(Details on each individual waste)

If information in this column is correct, leave it as is. If it is incorrect, cross it out and supply the correct information in the next column.

This space provided for explanations, corrections, and additions, if necessary.

If you have any questions, call Laurie Jacobson at (612) 296-7738

If you no longer produce this waste enter "No longer produced as of (date)." Review the rest of the sheet and fill in the information requested.

Date waste generation discontinued: \_\_\_\_\_

Inventory Number: 04 Waste Number: M100

Waste Name  
OIL CRANKCASE WASTE NO FEE

Type liquid not mixed

Waste number is the hazardous waste number which the rules apply to this type of waste. For example, D001 means ignitable, MN03 means PCB's, etc. Call the MPCA Staff person listed on the top of this sheet if you need help.

If you mix this waste with other waste(s) please indicate the inventory number of the other waste stream(s).

Annual amount you provided on your disclosure: 30.00 GA

Amount Produced in 1984

Fill In: (10 GALS)

All generators please fill in.  
Explain any great discrepancies between the amounts produced in these years and the disclosed amount.

Amount you anticipate generating in 1985

Fill In: NONE

All generators please fill in.

Date First Produced  
\_ Before 7/1/83  
\_ Between 7/1/83 and 2/5/84  
☒ After 2/5/84

Check One Please.

Disclosure indicates unpredictable shipment schedule  
Did you ship this waste in 1984  
\_ Yes ☒ No

Check One Please.

Review and explain change if need be.

Do you plan to ship this waste in 1985  
☒ Yes \_ No \_ Unknown

Check One Please.

Off-Site Transporter Name  
WORUM CHEMICAL CO.  
EPA ID# MND006213664

Transporter: BERG OIL  
EVELETH, MN  
EPA ID: MND00011586

If new or alternate transporters, show changes and additions in space provided.

Facility Name  
WORUM CHEMICAL CO.  
EPA ID# MND006213664

Facility: BERG OIL  
EVELETH, MN  
EPA ID: \_\_\_\_\_

If new or alternate facilities, show changes and additions in space provided.

Management Method  
Recycle/Beneficial Use

RECYCLE/PIPE USE

Management method - the treatment or disposal method used by you or the facility for this waste.

Any changes from on-site to off-site or vice versa, or changes in management method should be noted. Please provide all information to make your file complete.

4/18/85

PAGE 1

IRATHANE SYSTEMS, INC. (13TH AVE.)

MND022818306

This is a summary of the wastes that the MPCA believes you generate. This information has been obtained from disclosures, additional correspondence, site visits, telephone conversations, and manifests. The inventory numbers here and on the following sheets should correspond to those found on your inventory and management forms. We have added initials H, N, and O (H=hazardous, N=nonhazardous, O=oil) to differentiate the different types of waste. We have not included all of the nonhazardous wastes.

The waste names given might be different than the ones you provided. This name is to accomodate our data retrieval system. If you do not think a name sufficiently characterizes the waste provide additional description on each individual waste management sheet.

Inventory #	Waste Name	Disclosed Amount/Year	Management Method
H2	PREPOLYMER WASTE	55.00 GA	Treatment Prior to Land Disposal
H3	SOLV HAL METHYLENE CHLORIDE POLYURETHANE	110.00 GA	Incineration/Thermal Treatment
N1	RESIN WASTES	55.00 GA	Treatment Prior to Land Disposal
N5		110.00 GA	Treatment Prior to Land Disposal
04	OIL CRANKCASE WASTE NO FEE	30.00 GA	Recycle/Benefical Use

Waste  
Quantity

Annual Report Form for Generation of Hazardous Waste  
Calendar Year 1986  
Due March 1, 1987

RECEIVED

MAR 05 1987

MPCA, SOLID & HAZ.  
WASTE DIVISION

LJS  
3-27-87

call HB H9, H4, H10, 130  
call 3-30-87 3:45  
4-8-87 2:15

moved out in Feb '86 shipped out  
fraternal solid waste  
Industrial Pollution Applications  
launched in April '86

\*\*\*\*\*  
Waste Generation Site  
MND990878456  
IRATHANE SYSTEMS INC.

3804 E. BELTLINE  
HIBING MN 55746

\*\*\*\*\*  
Mailing Address  
IRATHANE SYSTEMS INC.

4045 SINTON RD.  
COLORADO SPRINGS CO 80907

\*\*\*\*\*  
Responsible Persons  
JERRY BECKER MGR OF OPERATIONS - diff name 3-27-87 12:45  
(303) 636-5286  
LAURIE POTTER CONSULTANT  
(218) 666-5437

Principal Products or Services Provided

This space is provided for  
explanations, corrections, and  
additions, if necessary.

IRATHANE'S PLANT AT THIS  
ADDRESS WAS SOLD IN 1980.  
THEREFORE, 1987 IS THE  
LAST YEAR THE ANNUAL REPORT  
FORM WILL BE COMPLETED FOR  
THIS ADDRESS.

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unless I am a small quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. (Please describe waste minimization measures taken on the enclosed sheet.)

Name (please print) J. H. BECKER

Signature JH Becker

Date 3-1-87



If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

This column is provided for  
explanations, corrections, and  
additions, if necessary. If  
the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

Inventory Number: E1 Waste Code: EQQ1

Waste Name:  
SOLV. NONHAL MIXTURE -- MEK & METHANOL

Type: liquid dot mixes

Annual amount you provided on your  
disclosure or last annual report:  
--1210.00 GA

Amount produced in 1986:

Fill In: 1800 GALLONS

First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

Number of shipments per year  
Projected on disclosure --5  
Actual number of shipments in 1986

Fill In: 5

Do you plan to ship this waste in 1987:

Check One Please

- ☐ Yes
- ☒ No
- ☐ Unknown

Off-Site Transporter Name  
MC KESSON CHEMICAL CO. (MPLS)  
EPA ID# MND054497052

Transporter: \_\_\_\_\_  
EPA ID: \_\_\_\_\_

Facility Name  
MC KESSON ENVIRONMENTAL SYSTEMS COMPANY  
EPA ID# IL0280613913

Facility: \_\_\_\_\_  
EPA ID: \_\_\_\_\_

Management Method  
Incineration/Thermal Treatment

ENTERED APR 03 1987

OK

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

This column is provided for  
explanations, corrections, and  
additions, if necessary. If  
the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

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1 Inventory Number: 12 Waste Code: CCC1

-----

2 Waste Name:  
SOLV-NONHAL-MEK-8-WASTE-RESINS

-----

3 Type: liquid-not-fixed

-----

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
1210.00 GA

Amount produced in 1986:

Fill In: 250 GALLONS

-----

-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

6 Number of shipments per year  
Projected on disclosure 5  
Actual number of shipments in 1986

Fill In: 3

6a Do you plan to ship this waste in 1987:

Check One Please

- ☐ Yes
- ☒ No
- ☐ Unknown

7 Off-Site Transporter Name  
MC-KESSON-CHEMICAL-CO-(MPLS)  
EPA ID# MND054497052

Transporter: -----

EPA ID: -----

Facility Name  
MC-KESSON-ENVIRCSYSTEMS-COMPANY  
EPA ID# ILD980613913

Facility: -----

EPA ID: -----

8 Management Method  
Incineration/Thermal Treatment

-----

ENTERED APR 03 1987

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

This column is provided for  
explanations, corrections, and  
additions, if necessary. If  
the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: B3 Waste Code: MN01  
2 Waste Name:  
SOLY-NONHAL-FORMAMIDE-ISCYANATE-WASTE  
3 Type: liquid-not-mixed

-----  
-----  
-----  
-----

4 Annual amount you provided on your  
disclosure or last annual report:  
---220.00 GA

Amount produced in 1986:

Fill In: 50 GALLONS  
-----  
-----  
-----

5 First date ever produced:  
disclosure currently shows

Check One Please  
☒ Before 7/1/83  
☐ Between 7/1/83 and 2/5/84  
☐ Between 2/5/84 and 1/1/85  
☐ Between 1/1/85 and 1/1/86  
☐ Between 1/1/86 and 1/1/87  
☐ After 1/1/87

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1986

Review and explain changes.

6a Do you plan to ship this waste in 1987:

Check One Please.  
☒ Yes ☐ No  
Check One Please  
☐ Yes ☒ No ☐ Unknown

7 Off-Site Transporter Name  
MC KESSON-CHEMICAL CO.-(MPLS)  
EPA ID# MND054497052

Transporter: -----  
EPA ID: -----

Facility Name  
MC KESSON-ENVIRONMENTAL SYSTEMS COMPANY  
EPA ID# IL0980613913

Facility: -----  
EPA ID: -----

8 Management Method  
Incineration/Thermal Treatment

-----  
-----  
-----

ENTERED APR 03 1987

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

This column is provided for  
explanations, corrections, and  
additions, if necessary. If  
the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: B8 Waste Code: ENQ1

2 Waste Name:  
PREPOLYMER WASTE AND MIXED SOLVENTS

3 Type: sludge mixed

3a This waste is mixed to produce waste:  
(Inventory # N17)

4 Annual amount you provided on your  
disclosure or last annual report:  
2560.00 GA

Amount produced in 1986:

(C)

Fill In: WASTE GENERATED  
AS WASTE COMPANY SOLD  
OFF-SITE PRODUCTS TO A  
SUPPLY CHEMICAL COMPANY

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83  
☐ Between 7/1/83 and 2/5/84  
☐ Between 2/5/84 and 1/1/85  
☐ Between 1/1/85 and 1/1/86  
☐ Between 1/1/86 and 1/1/87  
☐ After 1/1/87

6 Number of shipments per year  
Projected on disclosure 4  
Actual number of shipments in 1986

Fill In: 0

6a Do you plan to ship this waste in 1987:

Check One Please

- ☐ Yes ☒ No ☐ Unknown

7

Transporter: \_\_\_\_\_

EPA ID: \_\_\_\_\_

Facility: \_\_\_\_\_

EPA ID: \_\_\_\_\_

8 On-Site Management Method  
Treatment Prior to Land Disposal

ENTERED APR 03 1987

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

This column is provided for  
explanations, corrections, and  
additions, if necessary. If  
the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: 12 Waste Code: MNC1

-----

2 Waste Name:  
SOLV-NONHAL/HAL-WASTE MIXTURE

-----

3 Type: liquid mixed

-----

3a This waste is mixed to produce waste:  
(Inventory # N17)

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
1775.00 GA

Amount produced in 1986:

(6)

Fill In: None

-----  
-----  
-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

6 Number of shipments per year  
Projected on disclosure 4  
Actual number of shipments in 1986

Fill In: 0

6a Do you plan to ship this waste in 1987:

Check One Please

- ☐ Yes
- ☒ No
- ☐ Unknown

7

Transporter: -----

EPA ID: -----

Facility: -----

EPA ID: -----

8 On-Site Management Method  
Treatment Prior to Land Disposal

-----  
-----

ENTERED APR 03 1987

If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.

This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: E13 Waste Code: MND1

-----

2 Waste Name:  
CONTAINERS EMPTY WITH MERCURY CHROMIUM

-----

3 Type: solid not mixed

-----

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
537.00 LB

Amount produced in 1986:

(0)

Fill In: NONE

-----  
-----  
-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- Between 1/1/85 and 1/1/86
- Between 1/1/86 and 1/1/87
- After 1/1/87

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1986

Review and explain changes.

Check One Please.

- Yes
  - No
- Check One Please
- Yes
  - No
  - Unknown

6a Do you plan to ship this waste in 1987:

7 Off-Site Transporter Name

WORUM CHEMICAL CO.  
EPA ID# MNDQC6213664

Transporter: -----

EPA ID: -----

Facility Name

EPA ID# IDQ037114654

Facility: -----

EPA ID: -----

8 Management Method

Land Disposal (Landfill)

-----

-----

-----

ENTERED APR 03 1987

(Details on each individual waste)

If information in this column is correct, leave it as is. If it is incorrect or missing, cross it out and supply the correct information in the next column.

This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: E14 Waste Code: EQQ5

-----

2 Waste Name:

SOLY\_NONHAL\_CLEANER - MEK WASTE

-----

3 Type: liquid\_not\_mixed

-----

-----

4 Annual amount you provided on your disclosure or last annual report:

---990.00 GA

Amount produced in 1986:

0

Fill In: NONE

-----

-----

-----

5 First date ever produced:  
disclosure currently shows

Check One Please

X Before 7/1/83

Between 7/1/83 and 2/5/84

Between 2/5/84 and 1/1/85

Between 1/1/85 and 1/1/86

Between 1/1/86 and 1/1/87

After 1/1/87

6 Number of shipments per year  
Projected on disclosure --5  
Actual number of shipments in 1986

Fill In: NONE

-----

6a Do you plan to ship this waste in 1987:

Check One Please

Yes

No

Unknown

7 Off-Site Transporter Name

MC KESSON CHEMICAL CO. (MPLS)  
EPA ID# MND054497052

Transporter: -----

-----

EPA ID: -----

Facility Name

MCKESSON ENVIRONMENTAL SYSTEMS COMPANY  
EPA ID# ILD980613213

Facility: -----

-----

EPA ID: -----

8 Management Method

Recycle/Beneficial Use

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ENTERED APR 03 1987

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\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: H12 Waste Code: MND1

-----

2 Waste Name:  
DM-EMPIY/4-4-METHYLENE-DIANILINE--NO-FEE

-----

3 Type: solid--not-liquid

-----

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
-----G.O.C LB

Amount produced in 1986:

Fill In: NONE

-----

-----

-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

6 Number of shipments per year  
Projected on disclosure 1  
Actual number of shipments in 1986

Fill In: NONE

6a Do you plan to ship this waste in 1987:

Check One Please

- ☐ Yes
- ☒ No
- ☐ Unknown

7 Off-Site Transporter Name  
WOBURN-CHEMICAL-CO.-----  
EPA ID# MND0006213664

Transporter: -----

-----

EPA ID: -----

Facility Name  
BOLLINS-ENVIRONMENTAL-SERVICES, INC.-----  
EPA ID# LAD0010395127

Facility: -----

-----

EPA ID: -----

8 Management Method  
Land-Disposal (Landfill)-----

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(Details on each individual waste)

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\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: H18 Waste Code: MND2

-----

2 Waste Name:  
UNWANTED LAB CHEMICALS

-----

3 Type: solid -- not mixed

-----

-----

4 Annual amount you provided on your disclosure or last annual report:

----- 6.00 LB

Amount produced in 1986:

Fill In: ----- NONE

-----

-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- Between 1/1/85 and 1/1/86
- Between 1/1/86 and 1/1/87
- After 1/1/87

6 Number of shipments per year  
Projected on disclosure -- 2  
Actual number of shipments in 1986

Fill In: ----- NONE

6a Do you plan to ship this waste in 1987:

Check One Please

- ☒ Yes
- ☐ No
- ☐ Unknown

7 Off-Site Transporter Name  
NATIONAL ELECTRIC INC.  
EPA ID# MND280791321

Transporter: -----

EPA ID: -----

Facility Name  
US POLLUTION CONTROL INC.  
EPA ID# QKDC65438376

Facility: -----

EPA ID: -----

8 Management Method  
Land Disposal (Landfill)

-----

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additions, if necessary. If  
the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: N1Z Waste Code: ----

-----

2 Waste Name:  
SOLY-NONHAL/HAL-8-PEEPOLYMER-MIX-NC-FEE

-----

3 Type: solid--not-mixes

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
--6050.00 GA

Amount produced in 1986:

0

Fill In: NONE

-----

-----

-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- Between 1/1/85 and 1/1/86
- Between 1/1/86 and 1/1/87
- After 1/1/87

6 Number of shipments per year  
Projected on disclosure --4  
Actual number of shipments in 1986

Fill In: NONE

-----

6a Do you plan to ship this waste in 1987:

Check One Please

- Yes
- ☒ No
- Unknown

7

Transporter: -----

-----

EPA ID: -----

-----

Facility: -----

-----

EPA ID: -----

-----

8 On-Site Management Method  
Treatment Prior to Land Disposal-----

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ENTERED APR 03 1987

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\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: 012 Waste Code: M100

-----

2 Waste Name:  
OIL CRANKCASE WASTE-----NO FEE

-----

3 Type: liquid\_not\_fixes

-----

4 Annual amount you provided on your disclosure or last annual report:  
-----55.00 GA

Amount produced in 1986:

(0)

Fill In: -----NONE-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- X Before 7/1/83
- Between 7/1/83 and 2/5/84
- Between 2/5/84 and 1/1/85
- Between 1/1/85 and 1/1/86
- Between 1/1/86 and 1/1/87
- After 1/1/87

6 Number of shipments per year  
Projected on disclosure --1  
Actual number of shipments in 1986

Fill In: -----NONE-----

6a Do you plan to ship this waste in 1987:

Check One Please

- Yes
- ☒ No
- Unknown

7 Off-Site Transporter Name  
BERG OIL CO.-----MNI280011586  
EPA ID#

Transporter: -----

EPA ID: -----

Facility Name  
BERG OIL CO.-----MNI280011586  
EPA ID#

Facility: -----

EPA ID: -----

8 Management Method  
Recycle/Beneficial Use-----

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ENTERED APR 03 1987

Annual Report Form for Generation of Hazardous Waste  
Calendar Year 1986  
Due March 1, 1987

RECEIVED

MAR 05 1987

MPCA, SOLID & HAZ  
WASTE DIVISION

655  
3-27-87  
Call #2, #3, #5, #4  
4-1-87  
Irathane still runs  
Does not manufacture another product  
if used in various products

\*\*\*\*\*  
Waste Generation Site  
MNDC22818306  
IRATHANE SYSTEMS, INC.

3516 13TH AVENUE E.  
HIBBING

MN 55746

\*\*\*\*\*  
Mailing Address  
IRATHANE SYSTEMS, INC.

4045 SINTON RD.  
COLORADO SPRINGS

CO 80907

\*\*\*\*\*  
Responsible Persons  
JERRY BECKER MGR OF OPERATIONS  
( )  
LAURIE POTTER CONSULTANT  
(218) 666-5437

Principal Products or Services Provided

This space is provided for  
explanations, corrections, and  
additions, if necessary.

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Fill In: -----  
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CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Unless I am a small quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. ~~(Please describe waste minimization measures taken on the enclosed sheet.)~~

Name (please print) J. H. BECKER

Signature J. H. Becker

Date 3-1-87

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

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the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: E2 Waste Code: ENQ1

-----

2 Waste Name:  
PREPOLYMER WASTE NO FEE

-----

3 Type: sludge mixed

-----

3a This waste is mixed to produce waste:  
(Inventory # NS)

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
----- 0.00 GA

Amount produced in 1986:

Fill In: ----- NONE

-----

-----

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1986

Review and explain changes.

Check One Please.

- ☒ Yes ☒ No
- Check One Please
- ☐ Yes ☒ No ☐ Unknown

6a Do you plan to ship this waste in 1987:

7

Transporter: -----

EPA ID: -----

Facility: -----

EPA ID: -----

8 On-Site Management Method  
Treatment Prior to Land Disposal

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the information in the column  
at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: E3 Waste Code: EQ02

2 Waste Name:  
SOLV-HAL-POLYURETHANE NO FEE

3 Type: liquid mixed

3a This waste is mixed to produce waste:  
(Inventory # NS)

4 Annual amount you provided on your  
disclosure or last annual report:  
0.00 GA

Amount produced in 1986:

Fill In: 750 GALLONS

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

6 Disclosure indicates unpredictable  
shipment schedule

Did you ship this waste in 1986

Review and explain changes.

Check One Please.

☒ Yes ☐ No

6a Do you plan to ship this waste in 1987:

Check One Please

☒ Yes ☐ No ☐ Unknown

7 Off-Site Transporter Name

WORM-CHEMICAL CO.  
EPA ID# MND006213664

Transporter:

MCKESSON CHEMICAL  
EPA ID: MND-054497052

Facility Name

WASTE RESEARCH & RECLAMATION CO.  
EPA ID# WID990829475

Facility:

MCKESSON CHEMICAL  
EPA ID: MND-054497052

8 Management Method

Incineration/Thermal Treatment

ENTERED APR 03 1987

This column is provided for explanations, corrections, and additions, if necessary. If the information in the column at the left is correct, place a "X" in the center column next to that item.

★ ★

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\_\_\_\_\_

Fill In: NONE

Check One Please

X Before 7/1/83

- Between 7/1/83 and 2/5/84

- Between 2/5/84 and 1/1/85

- Between 1/1/85 and 1/1/86

- Between 1/1/86 and 1/1/87

- After 1/1/87

Review and explain changes.

-----  
Check One Please.

Check One Please  
 Yes ☐ No ☒ Unknown ☐

Transporter:

EPA ID:

Facility: \_\_\_\_\_

EPA ID:

.....

.....

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\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: N5 Waste Code: ----  
2 Waste Name:  
URETHANE FLUSH PLUG NC FEE  
3 Type: solid not mixed

200 plugs  
X 20 plugs

4 Annual amount you provided on your disclosure or last annual report:  
5600.00 LB

Amount produced in 1986:

4000 #3

Fill In: -----  
-----  
-----

5 First date ever produced:  
disclosure currently shows

Check One Please  
☒ Before 7/1/83  
☐ Between 7/1/83 and 2/5/84  
☐ Between 2/5/84 and 1/1/85  
☐ Between 1/1/85 and 1/1/86  
☐ Between 1/1/86 and 1/1/87  
☐ After 1/1/87

6 Disclosure indicates unpredictable shipment schedule  
Did you ship this waste in 1986

Review and explain changes.

6a Do you plan to ship this waste in 1987:

Check One Please.  
☒ Yes ☐ No  
Check One Please  
☒ Yes ☐ No ☐ Unknown

7

Transporter: -----

EPA ID: -----

Facility: -----

EPA ID: -----

8 On-Site Management Method  
Treatment Prior to Land Disposal

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ENTERED APR 03 1987



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at the left is correct, place  
a "X" in the center column  
next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: 04 Waste Code: M100

2 Waste Name:  
OIL CRANKCASE WASTE NC EEE

3 Type: liquid not fixed

4 Annual amount you provided on your  
disclosure or last annual report:  
10.00 GA

Amount produced in 1986:

0

Fill In: NONE

5 First date ever produced:  
disclosure currently shows

Check One Please

- ☒ Before 7/1/83
- ☐ Between 7/1/83 and 2/5/84
- ☐ Between 2/5/84 and 1/1/85
- ☐ Between 1/1/85 and 1/1/86
- ☐ Between 1/1/86 and 1/1/87
- ☐ After 1/1/87

6 Disclosure indicates unpredictable  
shipment schedule

Did you ship this waste in 1986

Review and explain changes.

Check One Please.

☐ Yes ☒ No

6a Do you plan to ship this waste in 1987:

Check One Please

☒ Yes ☐ No ☐ Unknown

7 Off-Site Transporter Name

BERG OIL CO.  
EPA ID# MNI280011586

Transporter:  
MCBESSON CHEMICAL CO  
EPA ID: MND-05-4497052

Facility Name

BERG OIL CO.  
EPA ID# MNI280011586

Facility:  
MCBESSON CHEMICAL CO  
EPA ID: MND-05-4497052

8 Management Method

Recycle/Refinical Use

INCINERATION/THERMAL  
TREATMENT

ENTERED APR 03 1987

Annual Report Form for Generation of Hazardous Waste  
Calendar Year 1987  
Due March 1, 1988

MPCA Use Only  
SIC CODES: 3079  
GEN SIZE: S

RECEIVED  
MAR 03 1988  
MPCA, HAZARDOUS  
WASTE DIVISION

JAN 28 1988

\*\*\*\*\*  
Waste Generation Site  
MNDC22818306  
IRATHANE SYSTEMS, INC.

This space is provided for  
explanations, corrections, and  
additions, if necessary.

3516 13TH AVENUE E.  
HIBBING

MN 55746

\*\*\*\*\*  
Mailing Address  
IRATHANE SYSTEMS, INC.

4045 SINTON RD.  
COLORADO SPRINGS

CO 80907

\*\*\*\*\*  
Responsible Persons  
JERRY BECKER MGR OF OPERATIONS

( ) -  
LAURIE POTTER CONSULTANT  
(218) 666-5437

Principal Products or Services Provided

Fill In: POLYMERIZANT  
CASE PARTS

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree that I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimize the present and future threat to human health and the environment. (Please describe waste minimization measures taken on the enclosed sheet.)

Name (please print) Jerry H. BECKER

Signature J H Becker

Date 2-29-88

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leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

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additions. If the information  
in the column at the left is  
correct, place an X in this  
column next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: H2 Waste Code: MAQ1

-----

2 Waste Name:  
PREPOLYMER WASTE NO FEE

-----

3 Type: sludge mixer

-----

3a This waste is mixed to produce waste:  
(Inventory # N5)

-----

4 Annual amount you provided on your  
disclosure or last annual report:  
0.00 GA

Amount produced in 1987:

Fill In: 0.00 GALLONS

-----

-----

-----

5 First year ever produced:  
disclosure currently shows

Check One Please  
X (Before) 1985  
- 1985  
- 1986  
- 1987  
- 1988

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1987

Review and explain charges.

Check One Please.

- Yes ☒ No

6a How many times are you planning to  
ship this waste in 1988?

Fill In: 0 TIMES

7

Transporter: -----

EPA ID: -----

Facility: -----

EPA ID: -----

8 On-Site Management Method  
Treatment Prior to Land Disposal

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\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: H3 Waste Code: EC02

2 Waste Name:  
SOLV-HAL-POLYURETHANE NO FEE

3 Type: liquid mixer

3a This waste is mixed to produce waste:  
(Inventory # N5)

4 Annual amount you provided on your disclosure or last annual report:  
750.00 GA

Amount produced in 1987:

Fill In: 800 GALLONS

5 First year ever produced:  
disclosure currently shows

Check One Please  
☒ (Before) 1985  
☐ 1985  
☐ 1986  
☐ 1987  
☐ 1988

6 Disclosure indicates unpredictable shipment schedule  
Did you ship this waste in 1987

Review and explain changes.

Check One Please.

☒ Yes ☐ No

6a How many times are you planning to ship this waste in 1988?

Fill In: 5 TIMES

7 Off-Site Transporter Name

VAN WATERS AND ROGERS  
EPA ID# MND054497052

Transporter:

EPA ID:

Facility Name

VAN WATERS AND ROGERS  
EPA ID# MND054497052

Facility:

EPA ID:

8 Management Method

Incineration/Thermal Treatment

ENTERED MAR 07 1988

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

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explanations/corrections/  
additions. If the information  
in the column at the left is  
correct, place an X in this  
column next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: N1 Waste Code: ----

2 Waste Name:  
RESIN WASTES NC EEE

3 Type: solid mixed

3a This waste is mixed to produce waste:  
(Inventory # N5)

4 Annual amount you provided on your  
disclosure or last annual report:  
0.00 GA

Amount produced in 1987:

Fill In: 0.00 GALS

5 First year ever produced:  
disclosure currently shows

Check One Please  
X (Before) 1985  
- 1985  
- 1986  
- 1987  
- 1988

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1987

Review and explain changes.  
Check One Please.  
- Yes ☒ No

6a How many times are you planning to  
ship this waste in 1988?

Fill In: 0 TIMES

7

Transporter: -----

EPA ID: -----

Facility: -----

EPA ID: -----

8 On-Site Management Method  
Treatment Prior to Land Disposal

If information in this column is correct,  
leave it as is. If it is incorrect or  
missing, cross it out and supply the  
correct information in the next column.

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additions. If the information  
in the column at the left is  
correct, place an X in this  
column next to that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: N5 Waste Code: ----

2 Waste Name:  
URETHANE FLUSH FLUG NO FEE

3 Type: solid not mixed

4 Annual amount you provided on your  
disclosure or last annual report:  
4000.00 LB

Amount produced in 1987:

Fill In: 524010

5 First year ever produced:  
disclosure currently shows

Check One Please  
X (Before) 1985  
- 1985  
- 1986  
- 1987  
- 1988

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1987

Review and explain changes.

Check One Please.

☒ Yes ☐ No

6a How many times are you planning to  
ship this waste in 1988?

Fill In: WEEKLY

7

Transporter: IRATHANE

SYSTEMS

EPA ID: MNDC22818306

Facility: -----

EPA ID: -----

8 On-Site Management Method  
Treatment Prior to Land Disposal

ENTERED MAR 07 1988 *JD*

If information in this column is correct,  
leave it as is. If it is incorrect or  
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additions. If the information  
in the column at the left is  
correct, place an X in this  
column next that item.

\*\*\*\*\*

\*\*\*\*\*

1 Inventory Number: 04 Waste Code: M100

2 Waste Name:  
OIL CRANKCASE WASTE NO FEE

3 Type: liquid not mixed

4 Annual amount you provided on your  
disclosure or last annual report:  
-----0.00 GA

Amount produced in 1987:

Fill In: 150 GALLONS

5 First year ever produced:  
disclosure currently shows

Check One Please  
X (Before) 1985  
- 1985  
- 1986  
- 1987  
- 1988

6 Disclosure indicates unpredictable  
shipment schedule  
Did you ship this waste in 1987

Review and explain changes.

Check One Please.  
☒ Yes ☐ No

6a How many times are you planning to  
ship this waste in 1988?

Fill In: ONE TIME

7 Off-Site Transporter Name  
VAN WATERS AND ROGERS  
EPA ID# MND054497052

Transporter: \_\_\_\_\_  
EPA ID: \_\_\_\_\_

Facility Name  
VAN WATERS AND ROGERS  
EPA ID# MND054497052

Facility: \_\_\_\_\_  
EPA ID: \_\_\_\_\_

8 Management Method  
Incineration/Thermal Treatment

ENTERED MAR 07 1988